

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bardy

Serial No.: 10/042,402

Filed: 1/7/2002

Title: System And Method For Providing  
Diagnosis And Monitoring Of  
Congestive Heart Failure For Use In  
Automated Patient Care

Group Art Unit: 3762

Examiner: Unassigned

Attorney Docket No.: 020.0254.US.CON

Commissioner for Patents  
Alexandria, VA 22313-1450

**INFORMATION DISCLOSURE STATEMENT**

Dear Sir:

This Information Disclosure Statement is submitted:

☒ under 37 CFR 1.97(b), or  
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last)

☐ under 37 CFR 1.97(c) together with either a:  
☐ Statement under 37 CFR 1.97(e), or  
☐ a \$180.00 fee under 37 CFR 1.17(p), or  
(After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)

☐ under 37 CFR 1.97(d) together with a:  
☐ Statement under 37 CFR 1.97(e), and  
☐ a \$180.00 fee set forth in 37 CFR 1.17(p).  
(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

☒ Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

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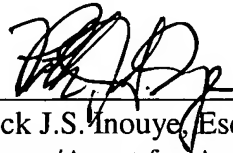
TECHNOLOGY CENTER R3700



The relevance of the attached references is that this is the closest art of which Applicant is aware. Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

Applicant requests that the information disclosed herein be made of record in this application.

Respectfully submitted,



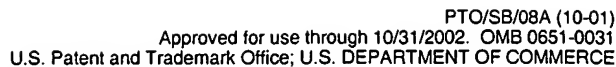
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Date: September 22, 2003

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Substitute for form 1449A/PTO				<b>Complete if Known</b> <table border="1"> <tr> <td>Application Number</td> <td>10/042,402</td> </tr> <tr> <td>Filing Date</td> <td>January 7, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Bardy</td> </tr> <tr> <td>Art Unit</td> <td>3762</td> </tr> <tr> <td>Examiner Name</td> <td>Unassigned</td> </tr> <tr> <td>Attorney Docket Number</td> <td>020.0254.US.CON</td> </tr> </table>		Application Number	10/042,402	Filing Date	January 7, 2002	First Named Inventor	Bardy	Art Unit	3762	Examiner Name	Unassigned	Attorney Docket Number	020.0254.US.CON
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<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>																	
Sheet	1	of	1														

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Examiner Signature		Date Considered	
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PTO/SB/21 (08-00)

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3762

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/042,402	
	<b>Filing Date</b>	January 7, 2002	
	<b>First Named Inventor</b>	Bardy, Gust H.	
	<b>Group Art Unit</b>	3762	
	<b>Examiner Name</b>	Unassigned	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	020.0254.US.CON

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement and Transmittal Letter <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)  Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1 Published Reference Postcard

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Offices of Patrick J.S. Inouye
Signature	
Date	September 22, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop IDS, PO Box 1450, Alexandria, VA 22313-1450 on this date:			
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